

CITY OF FLINT - PERSONNEL OFFICE
Employee Information Change Form

Effective Date: _____ Department/Division: _____

TYPE OF CHANGE: (Please check appropriate space)

____ Name Change ____ Address Change ____ Telephone Number ____ Change All

FROM: (PLEASE PRINT CLEARLY)

Name (first, middle initial, last) _____

Address _____

City, State, Zip Code _____

(Area Code) Home Phone _____

Cellular _____ Pager _____

TO: (PLEASE PRINT CLEARLY)

Name (first, middle initial, last) _____

Address _____

City, State, Zip Code _____

(Area Code) Home Phone _____

Cellular _____ Pager _____

MAILING ADDRESS: (If different from address - PLEASE PRINT CLEARLY)

Name (first, middle initial, last) _____

Address _____

City, State, Zip Code _____

(Area Code) Home Phone _____

Cellular _____ Pager _____

PLEASE NOTE: This change will include an update to your medical, optical and dental insurance if applicable. **Changes for ICMA, Equitable and Savings Bonds MUST be made in person at the Retirement & Benefits Office located in the basement of City Hall opposite the Human Resources (Personnel) Office.**

Signature

Today's Date

